

Utah Opioid STR Grant: Innovations to Effectuate Long-Term System Change

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Indianapolis, Indiana

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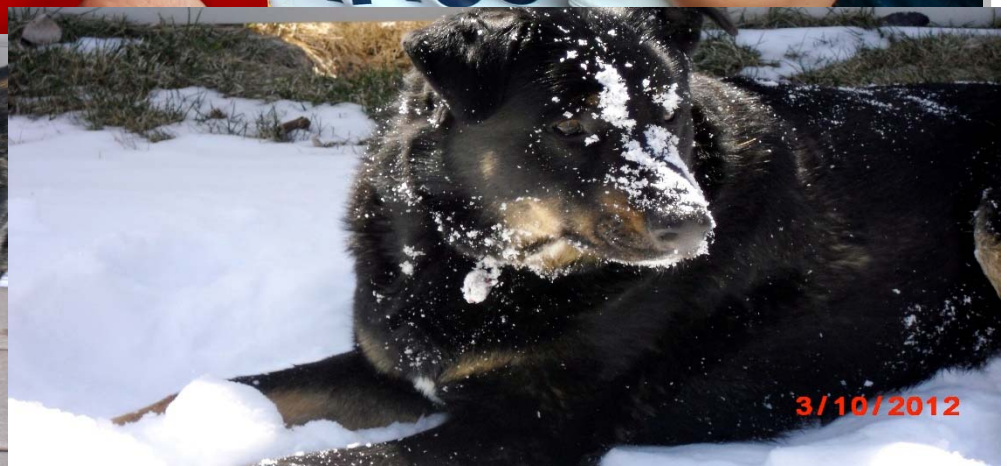
Utah Division of Substance Abuse and Mental Health

utah department of
human services
Division of Substance Abuse and Mental Health

DISCLOSURES

Under the Accreditation Council for Continuing Medical Education guidelines, I, Doug Thomas, have no relevant relationships or affiliations with commercial interests to disclose.

I will mention some providers and subcontractors that work with us in Utah but I have no relevant relationships or affiliations with those commercial interests.



Utah's Overall Landscape



SFY2016 WHO WE SERVED

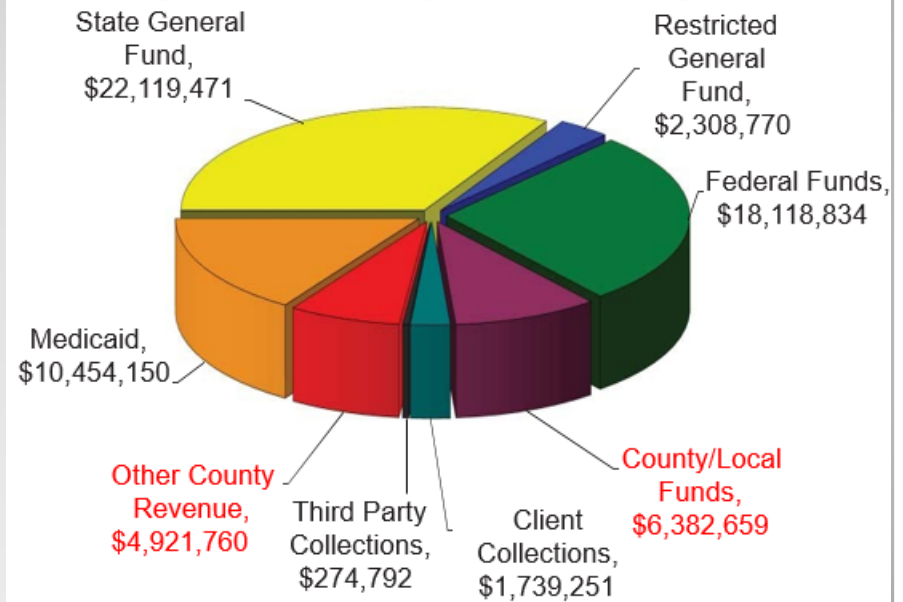
13,400 Adults; 1,329 Youth
85% below FPL

Urban: 74%, Rural: 26%
Male: 61%, Female: 39%

Medicaid: Non Expansion 28%
Justice Involved Clients - 71%

Opioid Disorder - 39%

Substance Use Disorder Services Funding FY2016



Total Revenues:
\$66,319,688

Utah's Opioid Landscape

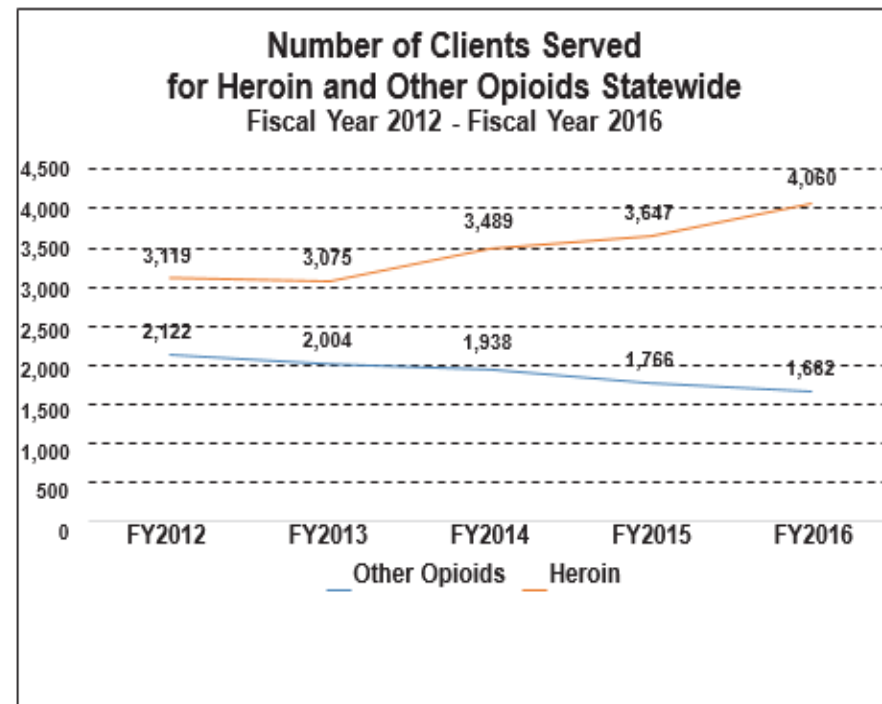
Opioid Use Epidemic: A Public Health Crisis

Utah Facts:

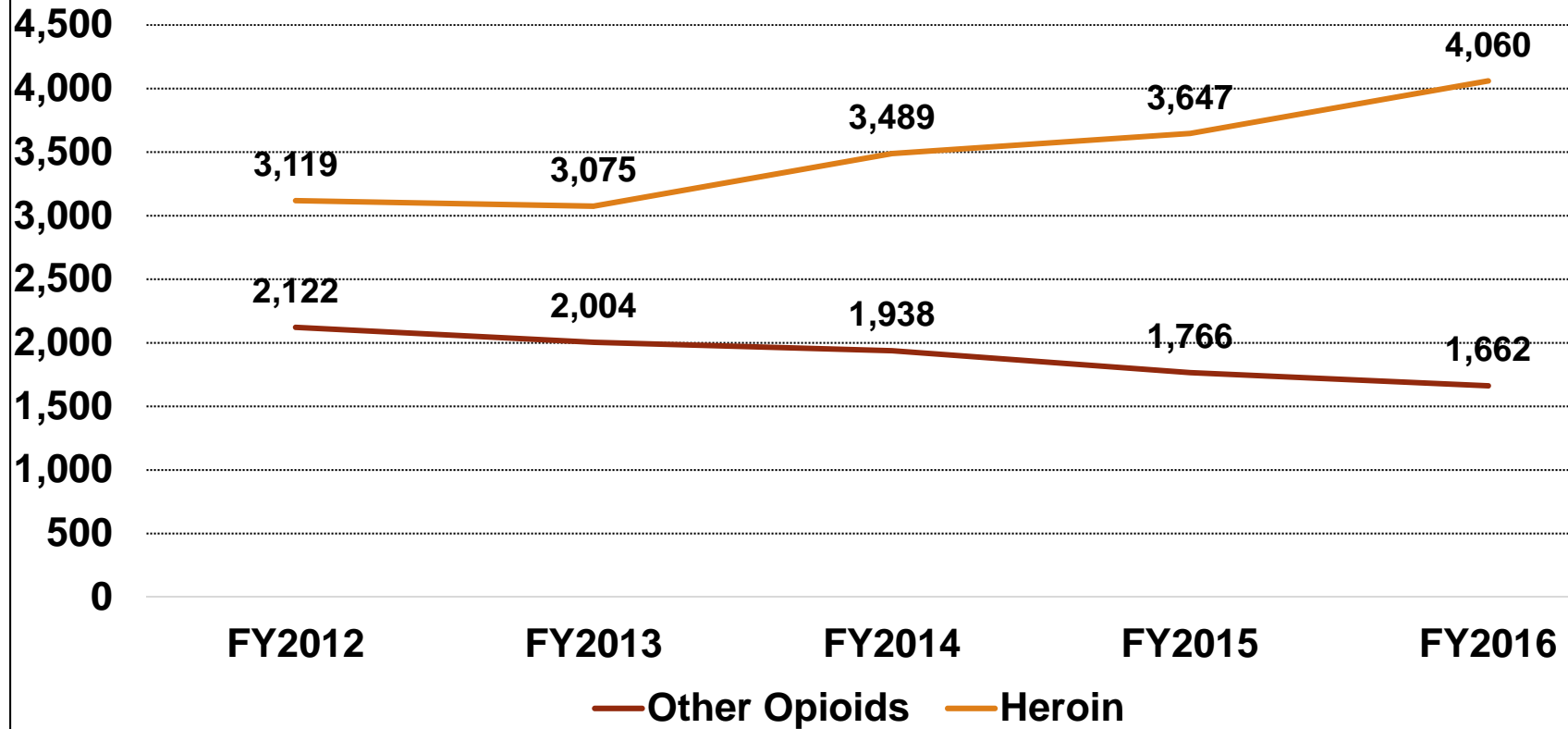
- Opioid deaths have increased 400% in the past 10 years
- Utah has the 4th highest rate of overdose deaths in the USA
- Over 90,000 Utahns reported non-medical use of prescription opioids in the last year

Utah State-wide Initiatives:

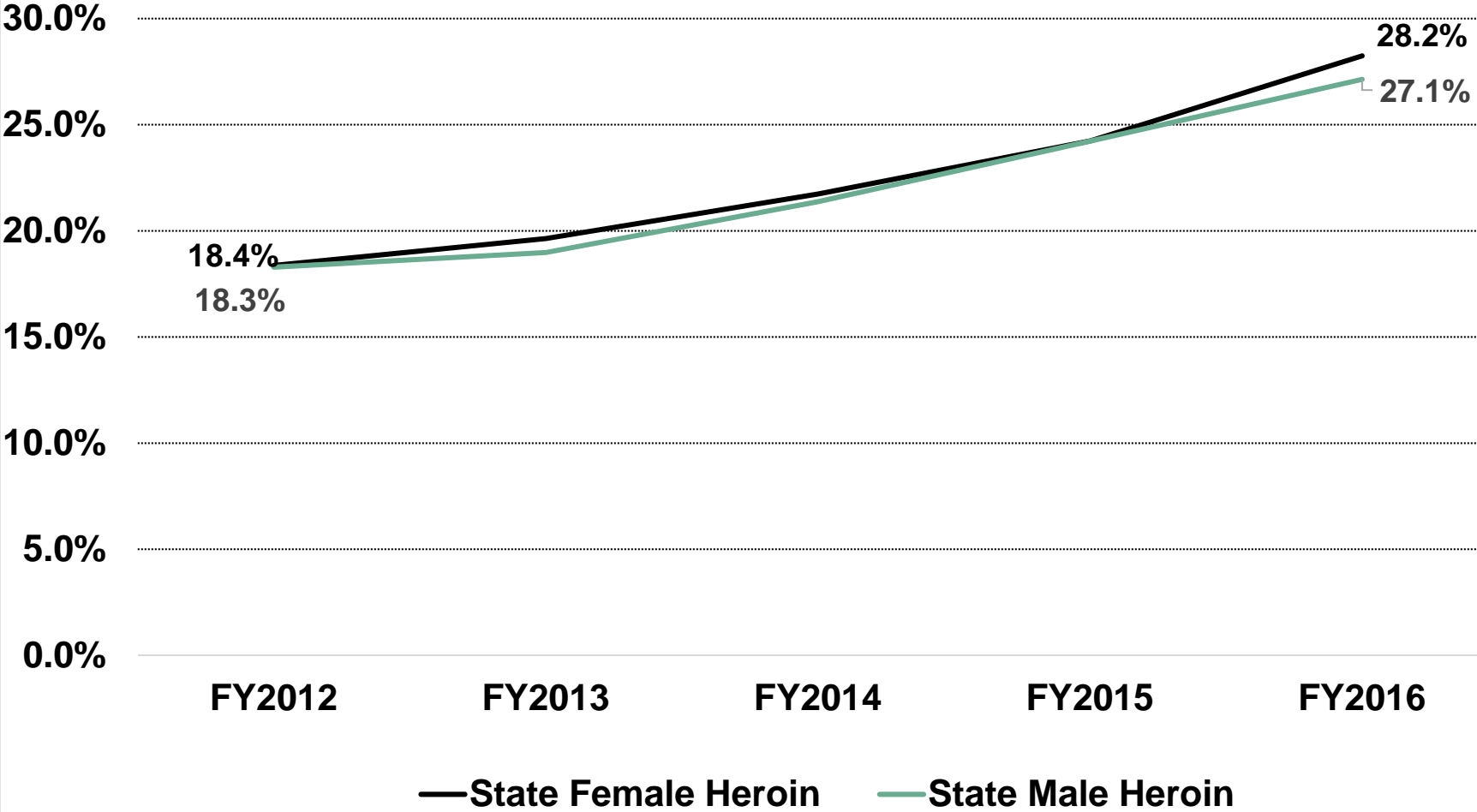
- Intermountain HealthCare funding for treatment in Weber and Davis counties
- Salt Lake County Jail—Vivitrol Project
- “Use Only As Directed” Awareness Campaign
- Prescription Take Back Events
- Increased “Medication Assisted Treatment”
- Syringe Exchange Programs
- Naloxone (Narcan®) Legislation/Distribution



Number of Clients Served for Heroin and Other Opioids Statewide Fiscal Year 2012 - Fiscal Year 2016



Gender of Heroin Clients Served Fiscal Year 2012 - Fiscal Year 2016



- “At first people refuse to believe that a strange new thing can be done, then they begin to hope it can be done, then they see it can be done—then it is done and all the world wonders why it was not done centuries before.”

(Children's author Frances Hodgson Burnett (1849–1924), quoted in McGorry & Jackson, 1999, p. 466)

Utah's Opioid STR Prevention Goals

- 1. Prevent and Reduce Opioid Misuse



- 2. Reduce Overdose deaths



Utah's Opioid STR Treatment Goals

- 1. Expand Access and Participation in evidenced based services; both Office Based & Opioid Treatment Programs

Methadone



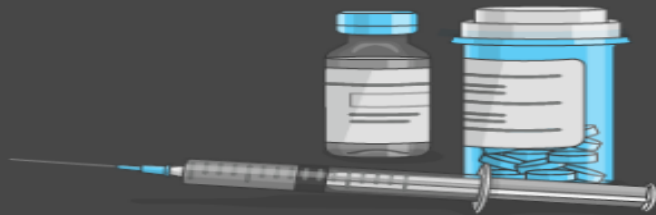
In use since the 1960s, the slow-acting synthetic opioid agonist effectively treats moderate to severe heroin addiction. It is only available in heavily regulated clinics.

Buprenorphine/Suboxone



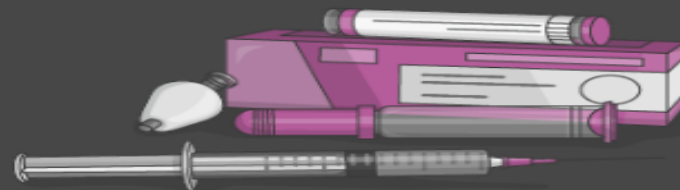
Approved in 2002, the long-acting opioid agonist relieves drug cravings with fewer side effects than other opioids and is available by prescription from certain doctors. Suboxone is designed to deter illicit use.

Naltrexone/Vivitrol



Approved in pill form in 1984, it has been available since 2010 as a 30-day time-release injectable medication called Vivitrol. Patients must be completely off all opioids for seven to 10 days. Both block the effect of opioids, do not activate the opioid receptor system, and do not cause physical dependence.

Naloxone



Approved in 1971, the short-acting medication, also known as Narcan and Evzio, reverses opioid overdoses but does not treat opioid addiction.

Utah's Opioid STR Treatment Goals

- Competitive Grant Application for Areas with highest demonstrated need

District	Opioid Deaths		ED Encounters	
	2014-2015 Number	Rate per 100,000	2013-2014 Number	Rate per 100,000
Bear River	43	15.13	142	45.5
Central	20	15.11	43	30.9
Davis	108	17.4	298	49.2
Four Corners	26	21.85	92	123.0
Northeastern	27	27	47	42.3
Salt Lake County	531	24.68	1,443	67.9
San Juan	<5	15.28	<5	0.3
Southwest	80	21.32	228	54.0
Summit	12	15.03	16	19.6
Tooele	39	33.96	98	83.5
Utah County	179	19.33	623	62.1
Wasatch	7	11.76	12	22.2
Weber	137	28.63	414	86.1
State	1213	22.29	3458	62.1

Utah's Opioid STR Wellness Goals

Enhance Relationships with Physical Health

- Federally Qualified Health Centers (340 B)

Training on Screening Brief Intervention (SBI) and Referral to Treatment (SBIRT), Medication Assisted Treatment (MAT) for uninsured populations in FQHCs.

Pilot Projects

Local Authorities working with FQHCs

FQHCs working with Local Authorities

Extenders-continuing work post funding

Utah's Opioid STR Wellness Goals

Prevention Minded Harm Reduction and Treatment Engagement

Targeted Needle Exchange with Department of Health to reduce spread of needle carried infections.

Use motivational interviewing to engage in safety, harm reduction, prevention, treatment and recovery discussion.

Utah's Opioid STR Recovery Goals

Increase array of recovery support services

Peer Support deployed to ER/ED for overdose to engage individual and family.

Expand family Peer Support



USARA's Addiction Recovery Management for Families program (ARM) provides FREE recovery management planning for persons with a history of drug and alcohol addiction and their family members.

What is CRAFT?

Community Reinforcement Approach and Family Training (CRAFT) teaches parents the skills they need to meet the challenge of their child's problematic substance use.

Why we do what we do...

I work at Hill Air Force Base as a Wingman Advocate, connecting others to resources. Sharing my story helps others know addicts can change and recovery is possible. I'm not ashamed of my past. Going through my recovery process, assisting other people with their recoveries, has helped me realize that I could take something bad and turn it into something good. I am a proud Husband, Father, Grandfather and member of society.



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For more information about
data, programs and services
please visit:
dsamh.utah.gov

Doug Thomas, Director

Utah Division of Substance Abuse and Mental Health
Department of Human Services

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